WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33725

PLACE OF DEATH

County Miller — Registration District No. 561 — File No.

Township Saline — Primary Registration District No. 4330 — Registered No. 59

City Eldon (No. , St. Ward)

FULL NAME Minnie Cain

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clarence Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 26. 1894

7. AGE: YEARS 39 — MONTHS 1 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co Mo

FATHER

13. NAME: Conrad Wentzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Artz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): R Clarence Cain Eldon. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldon, Mo DATE Oct 29 1933

19. UNDERTAKER (ADDRESS): Phillips Funeral Home Eldon Mo

20. FILED 10-28 1933 Belle Haynes. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1933, to 10/28, 1933
I last saw her alive on 10/28, 1933 Death is said to have occurred on the date stated above, at 3:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	1933
95 B	
Other contributory causes of importance:	
Cardiitis	1932

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. D. Walker, M. D.
(Address) Eldon Mo